

SUNNYVALE NEIGHBORHOOD ASSOCIATION REGISTRATION FORM AND INFORMATION SHEET



DATE:			
Month	Day	Year	
NAME OF ASSOC	IATION:		
YEAR ESTABLISH	HED (if know	n):	
NUMBER OF HOL	JSEHOLDS (if known):	
ESTIMATED NUM	BER OF AC	TIVE MEMBE	RS:
NEIGHBORHOOD	BOUNDARI	I ES (Streets: r	north/south/east/west or attach diagram/map)
NAME OF PERSO	N PROVIDIN	IG THIS INFO	PRMATION:
Name (please print)			Title
Signature	Today	's Date	E-mail
Street Address	Zip		Phone
DOES YOUR ASS	OCIATION F	IAVE A WEB	SITE? o No o Yes
If so, URL: _			
DOES YOUR ASS	OCIATION H	IAVE REGUL	AR MEETINGS? O NO O Yes
If yes, when	/where are y	our meetings?	
DOES YOUR ASS	OCIATION H	IAVE A NEW	SLETTER? o No o Yes
If yes, is the	newsletter d	listributed by e	ed? o Monthly o Quarterly o Other email or hardcopy? articles?
			JECTIVES AND GOALS
			For assistance, please contact the Community
			0 1 1 0 1: 1 (100) 700 7170

NEIGHBORHOOD ASSOCIATION REGISTRATION FORM & INFORMATION SHEET (CONTINUED)

CURRENT ASSOCIATION OFFICERS

	FromMonth/Year	to Month/Year	
(First officer listed will be officers, please use the b	the primary City contact un	less otherwise designated. If you need to add more	
Name (please print)		Title	_
riamo (piodos pimi)			
Signature	Date	E-mail	
Street Address	ZIP	Phone	
Name (please print)		Title	
Signature	Date	E-mail	
Street Address	ZIP	Phone	
Name (please print)		Title	
Signature	Date	E-mail	
Street Address	ZIP	Phone	
Name (please print)		Title	
Signature	Date	E-mail	
Street Address	ZIP	Phone	